

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L74690

FILED
Mar 12, 2010
Secretary of State

Entity Name: AMERICAN CARE CENTERS, INC.

Current Principal Place of Business:

% LODOISKA GARCIA
11255 S.W. 211 ST.
MIAMI, FL 33189

New Principal Place of Business:

Current Mailing Address:

% LODOISKA GARCIA
11255 S.W. 211 ST.
MIAMI, FL 33189

New Mailing Address:

FEI Number: 65-0211140 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMANCE, MARK A
201 S. BISCAYNE BLVD
STE 1000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD
Name: GARCIA, JOSE E., JR
Address: 11255 SW 211 ST
City-St-Zip: MIAMI, FL 33189

Title: D
Name: GARCIA, URSULA
Address: 11255 SW 211 ST
City-St-Zip: MIAMI, FL 33189

Title: VPSD
Name: GARCIA, LODOISKA
Address: 11255 SW 211 ST
City-St-Zip: MIAMI, FL 33189

Title: D
Name: BLANCO, ADOLFO F
Address: 448 E. 40 STREET
City-St-Zip: HIALEAH, FL 33013

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LODOISKA GARCIA

VPSD

03/12/2010

Electronic Signature of Signing Officer or Director

_____ Date